healthwatch Greenwich

Quarterly Feedback Report

April – June 2026

About us

We are the independent champion for people who use health and social care services in Royal Borough of Greenwich. We're here to make sure that those running services, put people at the heart of care.[1]

What did we hear in April – June 2026

Between April and June 2026, we heard from 735[2] residents about their experiences of health and care services in Greenwich. Feedback this period suggests that residents' experiences are shaped not only by the availability of

[1] Image above taken from engagement with the Curecomm Men's Group in May 2026.
[2] Feedback collected through calls and emails to us, meetings between us and local groups or advocates, research reports and outreach and engagement events until 25 June.

services, but also by confidence in seeking help, trust in systems, and whether people feel able to engage with services on equal terms. Many residents described positive experiences when engaging with community-based initiatives and support networks. At the same time, concerns were raised around communication, accessibility, inclusion, and confidence in seeking support.

Some Quotes from the Community

> ***The service was very thorough, appointments were on time, and I couldn't think of anything that needed improving.***
>
> *Ferry View Health Centre*

> ***The Social Worker is helping me as well as Solace, the Multi-Agency Team, and Women's Aid.***
>
> *Greenwich Resident*

> ***It was another parent who told me about Carer's Assessments and Care Needs Assessments. I didn't know this support existed.***
>
> *Greenwich Resident*

> **Staff were friendly and helpful but waiting seven hours in A&E was frustrating and stressful.**
>
> *Queen Elizabeth Hospital*

> ***Services should work for people who communicate differently, not expect everyone to communicate in the same way.***
>
> *Thamesmead LGBTQ+ Community Meeting*

In this Report

Community Experience – Curecomm Men

Healthwatch Greenwich facilitated a Men's Safeguarding and Wellbeing Workshop attended by 35 men from Global Majority communities. The workshop aimed to increase awareness of safeguarding, improve understanding of available support, and provide a safe space to discuss wellbeing, vulnerability and help-seeking.

Discussions highlighted the interaction between gender, culture and lived experience in shaping attitudes towards support. Residents consistently described how expectations of masculinity influenced help-seeking behaviours, with many feeling pressure to appear strong, remain self-reliant and avoid discussing emotional or personal difficulties. Rather than seeking support at an early stage, many described attempting to cope alone until problems became overwhelming. As one resident explained, "***The unwritten rule of being a man – that you just get on with it – is one of the biggest barriers to men getting help.***" Another reflected that ***"sometimes men don't know whether they need help or whether they just need someone to listen."*** These findings challenge the assumption that low engagement simply reflects a reluctance to seek support. Instead, they suggest

that help-seeking is shaped by deeply embedded social and cultural expectations about masculinity, vulnerability and self-reliance.

Trust emerged as a prerequisite for engagement rather than an outcome of service delivery. Residents described making judgements about whether services understood their experiences, would respond fairly and could be trusted to treat them with dignity before deciding whether to seek help. Several questioned whether professionals fully recognised the realities faced by men from racialised and marginalised communities, while others expressed concern that assumptions might be made without taking time to understand their circumstances. These discussions suggest that the availability of services alone is insufficient if people do not believe those services are credible, respectful and responsive to their lived experiences.

Confidentiality was closely linked to trust. Many residents described concerns that disclosing personal difficulties could lead to judgement from family members, employers or their wider community. As one resident explained***, "people stay silent because they worry that sharing their problems will become everybody else's business."*** The findings suggest that confidence in safeguarding and wellbeing services depends not only on the support available, but also on confidence that personal information will remain confidential and that individuals will be treated without judgement.

Residents also questioned whether existing approaches to communication and engagement reflected how men from their communities access information and support. While some were aware that services existed, many felt that information rarely reached them through trusted community organisations, cultural groups or places of worship. Others felt that messages about safeguarding and emotional

wellbeing did not reflect their experiences or the pressures they faced. Residents suggested that hearing from other men with similar lived experience, alongside greater visibility within trusted community settings, would make support feel more relevant and approachable. These findings suggest that existing engagement approaches may inadvertently favour those already connected to statutory services, while failing to engage men whose primary sources of trust lie within community, cultural and faith networks.

The discussion also highlighted important gaps in safeguarding literacy. Several residents said they had never recognised certain experiences as safeguarding concerns or realised that support was available to them. Others were unsure where to seek help or what different services could offer. This suggests that improving awareness requires more than providing information. It also requires helping people recognise when they may need support and ensuring that information is delivered through trusted relationships and settings where it is more likely to be understood, discussed and acted upon.

Residents consistently identified face-to-face conversations, culturally informed engagement and opportunities to discuss sensitive issues in familiar environments as the approaches most likely to encourage engagement. Many described the workshop itself as valuable because it created a safe, non-judgemental space where men could openly discuss issues that are often left unspoken. As one resident commented, ***"if something feels wrong, you shouldn't have to wait until crisis point before asking for support."***

The workshop demonstrated a measurable improvement in safeguarding awareness. At the start of the session, only four residents said they understood what safeguarding meant. By the end of the workshop, all 35 understood the concept, recognising situations where support may be needed, and knowing more about where they could seek help.

Overall, the findings suggest that reducing inequalities in safeguarding cannot be achieved through awareness campaigns or service availability alone. The workshop raises broader questions about whether existing safeguarding approaches are designed around assumptions that do not reflect the experiences of many men from Global Majority communities. If safeguarding relies on individuals recognising risk, identifying themselves as vulnerable and proactively seeking support, services may fail to engage groups for whom these behaviours conflict with social and cultural expectations. Improving outcomes will therefore require services to consider not only what support is available, but also how trust is built, how safeguarding is communicated and how engagement is designed for communities whose pathways into support differ from those implicitly assumed by mainstream service models.

Community Experience – Thamesmead LGBTQ+ Community Meeting

Healthwatch Greenwich met with members of the LGBTQ+ community in Thamesmead to explore their experiences of health and social care services and understand what enables people to feel safe, recognised and able to access support.

Inclusion, Dignity and Accessibility in Health and Care Services

Residents' experiences consistently highlighted that inclusion is not simply an equality issue, but a fundamental determinant of access to care. Discussions suggested that people's willingness to engage with services, disclose sensitive information and seek support is shaped by whether they feel recognised, respected and psychologically safe. Rather than viewing dignity as an outcome of good care, residents described it as a prerequisite for accessing care in the first place.

Across a range of different topics, residents returned to a common theme: health and care systems often rely on assumptions about the "typical" patient. When people's identities, communication needs or lived experiences fall outside these assumptions, responsibility frequently shifts to individuals to explain themselves, challenge assumptions or adapt to processes that were not designed with them in mind. Residents suggested that these experiences can gradually erode trust and confidence in services, even when individual interactions appear minor in isolation.

Gender-Neutral Facilities in Public Buildings

Residents raised concerns about the reduction or removal of gender-neutral toilet facilities within some public buildings in the Royal Borough of Greenwich. They described these facilities as more than a practical convenience, viewing them as an indicator of whether public spaces had been designed with LGBTQ+ communities in mind. Several residents felt that the absence of gender-neutral facilities increased anxiety and could increase the risk of verbal, physical or sexual harassment for transgender and gender-diverse people. The discussion suggests that physical environments communicate important messages about who is expected to use public services and who may instead feel like an exception. Decisions about the built environment can therefore influence not only accessibility, but also people's sense of safety and belonging.

Recognition, Identity and Communication in Healthcare Settings

Residents also shared experiences of being misgendered within healthcare settings, including hospitals. They explained that healthcare professionals often assume a person's identity rather than asking how they would like to be addressed. As one resident stated, "***healthcare staff should ask people how they would like to be addressed instead of making assumptions.***"

Residents emphasised that respectful communication is not simply about courtesy, but about recognising identity as an essential component of person-centred care. While an isolated incident may appear relatively minor, repeated experiences of being misgendered were described as reducing confidence in services and making people less willing to discuss sensitive aspects of their health. The discussion suggests that healthcare depends upon people feeling able to

disclose personal information honestly. Where people anticipate misunderstanding or feel their identity is not recognised, psychological safety may be reduced, potentially limiting clinicians' ability to understand need and deliver effective care.

Provider Response

Misgendering in Hospitals – Lewisham and Greenwich NHS Trust

Healthwatch Greenwich approached Lewisham & Greenwich NHS Trust for a response to the issues raised in this section. No response was received by the publication deadline.

Sexual Health Testing Concerns

Residents raised concerns about local sexual health services, particularly the information provided alongside syphilis testing. Several explained that the type of syphilis test commonly used can continue to produce a positive result after a previous infection has been successfully treated because it detects antibodies that may remain in the body. Residents felt this may lead to confusion, unnecessary anxiety and, in some cases, concerns that people may undergo additional referrals or treatment that may not be clinically necessary. They felt that clearer information about the purpose and limitations of different syphilis tests would improve understanding, reduce distress and strengthen confidence in sexual health services.

Provider Response

Sexual Health Testing Concerns - Lewisham & Greenwich NHS Trust

Healthwatch Greenwich approached Lewisham & Greenwich NHS Trust for a response to the issues raised in this section. No response was received by the publication deadline.

Accessible Mental Health Assessments

Residents questioned whether mental health assessment processes consistently accommodate different communication needs. One resident described difficulties accessing Oxleas mental health services because assessments appeared to rely almost exclusively on spoken responses and did not routinely offer alternatives such as written communication or digital responses. This prompted a broader discussion about whether reasonable adjustments are consistently considered for people with mutism, autism, severe anxiety, and other communication differences.

As one resident observed, ***"services should work for people who communicate differently, not expect everyone to communicate in the same way."*** Residents described communication itself as a potential barrier to care. The discussion suggests that assessment processes may unintentionally disadvantage people

whose communication styles differ from those implicitly assumed within service design, raising wider questions about how person-centred assessment is operationalised in practice.

Provider Response

Oxleas NHS Foundation Trust

Oxleas NHS Foundation Trust welcomes the feedback shared by Healthwatch Greenwich and the residents who contributed to this important report. We are grateful to those who spoke openly about their experiences of accessing mental health services, particularly where assessment processes may not have felt sufficiently flexible or accessible for people with different communication needs.

We recognise that communication is not the same for everyone. Some people may find spoken assessments difficult because of autism, mutism, severe anxiety, trauma, neurodiversity, language needs, or other personal circumstances. We also recognise that where services rely too heavily on verbal communication, this can unintentionally create barriers to care. That is not the experience we want people to have.

Our mental health services are committed to providing assessments that are person-centred, inclusive and responsive to individual need. Where someone may find it difficult to communicate verbally, services can consider alternative ways for people to share information about themselves, their needs, their risks, their strengths and what matters to them. This may include written information, digital communication, support from a trusted person, advocacy involvement, interpreters, communication aids, or other reasonable adjustments depending on the person's needs and preferences.

We ask people to tell us about their communication preferences and any reasonable adjustments they may need at the point an appointment is offered. This helps us plan the appointment in a way that gives the person the best opportunity to participate meaningfully and safely. We also encourage families, carers, advocates and referrers, where appropriate and with consent, to share information about any communication needs in advance so that these can be considered before the assessment takes place.

We are sorry to hear that some residents have experienced our assessment processes as too dependent on spoken responses. We take this feedback seriously. Accessible communication is not an optional extra; it is central to safe, respectful and effective mental health care. People should not be expected to fit themselves into a single model of assessment. Our services must continue to adapt so that people can be heard in ways that work for them.

We will use this feedback to reinforce expectations across our services that communication preferences and reasonable adjustments should be actively considered, clearly recorded and reviewed as part of assessment and care planning. We will also continue working with partners, residents and community organisations to better understand where barriers remain and how we can improve access, confidence and trust.

Anyone who is offered an appointment and has a preferred way of communicating is encouraged to tell the service as early as possible. We want people to feel able to say, "This is how I communicate best," and to know that this will be taken seriously.

Our aim is clear: mental health assessments should be clinically safe, compassionate and accessible. We remain committed to listening, learning and improving so that every resident has a fair opportunity to access support in a way that recognises their individual circumstances, dignity and voice.

Transgender People Living with Dementia

Residents also explored the experiences of transgender people living with dementia. They highlighted the increased vulnerability of individuals whose gender identity may no longer be recognised or respected if they lose the capacity to advocate for themselves. Residents stressed the importance of advance care planning that records an individual's identity, history and wishes, ensuring these continue to inform care as dementia progresses.

More broadly, the discussion highlighted the need for services to understand identity as an enduring aspect of person-centred care rather than information that becomes less relevant as cognitive capacity changes. Residents felt this requires staff to have the knowledge, confidence and organisational support needed to provide genuinely inclusive care throughout a person's life.

Telephone Calls from Healthcare Providers

Many reported missing important telephone calls because healthcare providers frequently use withheld or unknown numbers, which residents were reluctant to answer due to concerns about scams and fraud. As one resident explained, ***"missing one phone call from a withheld number can mean missing important healthcare support."*** Residents described missed appointments, delays in treatment and uncertainty about next steps as a consequence.

While seemingly an operational issue, the discussion illustrates how service design can unintentionally create barriers. Residents suggested that recognisable outbound telephone numbers or clearer messaging would improve confidence and reduce avoidable disruption to care.

Provider Response

Withheld GP phone numbers - NHS South East London ICB

We are sorry that withheld numbers may mean some residents missing appointment. We would like to understand the numbers of local people who have been affected by this.

Numbers from healthcare providers are often withheld to safeguard a patient's confidentiality when someone else in the household may pick up a call and not aware that the patient has been in touch the the practice or where a practice does not have the correct number for a patient. Sometimes practices call patients from a number which is not their publicly advertised number and returning a call to this number, which may not be continually staffed, can cause further frustration to patients.

Practices should let patients know of the time they will be called back. They should also send a text message informing patients of the telephone appointment when it is booked and send a reminder nearer the time of the appointment. Practices do not normally leave a message for safeguarding confidentiality as mentioned above, but the practice should continue to try to contact the patient, and this would be documented on the medical record.

Building Confidence in Health and Care Services

Throughout the discussion, residents returned to the importance of confidence in health and care services. They explained that confidence grows when people feel listened to, respected and appropriately accommodated, but can quickly be undermined by assumptions, communication barriers or inaccessible systems.

Residents also noted that many of the issues discussed are not unique to LGBTQ+ communities. Challenges relating to communication, dignity, accessibility and navigating services are experienced across many communities. However, they felt

these barriers can be more pronounced where people are uncertain whether their identities and experiences will be recognised and respected.

Overall, the discussion reinforced that improving patient experience often depends on relatively simple but meaningful actions: asking rather than assuming, communicating clearly, offering reasonable adjustments, and ensuring every resident feels respected throughout their interaction with health and social care services.

Shazia's Story: "I Didn't Know Who Could Help Me"

Behind every safeguarding referral, police report or case file is a human story. Shazia's story is one of fear, resilience, and the long journey from surviving abuse to understanding that help was available.

Living with Abuse

Shazia described years of domestic abuse that included physical violence, sexual abuse, financial abuse, emotional abuse, and coercive control. ***"Three months after my wedding, because I refused to give my husband my student tuition fee money, he started to abuse me physically."*** The abuse escalated***. "He tried to suffocate me with a pillow and punched my eyes."***

Following one assault, Shazia was taken to hospital by her sister. ***"My face was badly swollen and I couldn't sleep at night."*** Although healthcare professionals wanted to involve the police, Shazia felt frightened and pressured by her family. ***"I didn't want to go to the police because my family members don't like to go to the police."***

When Abuse Remains Hidden

The abuse continued and became increasingly severe. ***"When my baby was only one month old, my husband slapped her."*** Shazia went to hospital with her baby but felt that the wider circumstances surrounding the abuse were not fully understood.

"My sister was continuously saying that I had postnatal depression and for them not to believe anything I was telling them." Shazia felt that information provided by her family influenced professionals' understanding of what was happening. Looking back, she believes there were missed opportunities to help her and her child.

Fear of Seeking Help

Later, when Shazia became pregnant again, the abuse continued. ***"The physical abuse and mental abuse became worse."*** By this point, Shazia was not only trying to survive the abuse itself. She was also trying to navigate the fear of what might happen if she spoke about it. She shared a conversation with the police that made her worry that seeking help could make things worse for her and her children. ***"There was a female police officer who saw a mark on my body, and she told me that if anything happened with my unborn baby, then I would be a criminal as well."*** At a time when she was already vulnerable, this made her fear that asking for help could make things worse for herself and her children. At the same time, she continued to experience pressure from family members not to pursue action against her husband. ***"My family told me to stop the court case against my husband."***

A Turning Point

"One day he started hitting my kids, and he tried to kill me." Frighted for her life and that of her children, not knowing who or where could help, Shazia went to her GP. Thanks to her GP's help, after years of violence, fear, and pressure from those around her, Shazia finally encountered something that had been largely absent from her journey: support that helped her understand her rights and the options available to her.

"The Social Worker is helping me as well as Solace, the Multi-Agency Team, and Women's Aid." Shazia said the support she received helped her understand that what she was experiencing was abuse and that help was available. ***"Solace has free courses about how to deal with toxic people and domestic violence."*** Through this support, Shazia learned more about her rights, and the steps she could take to keep herself and her children safe.

Shazia believes that no one should have to face abuse without knowing where to turn for support. ***"It is so important for women and children to know who can help them if they are being abused."***

Our Role

Abuse thrives in silence. It thrives when people do not know their rights, when support feels distant, and when fear becomes normalised.

In partnership with Greenwich Safeguarding Adults Board, through our Raising Awareness of Abuse in Marginalised Communities project, Healthwatch Greenwich creates spaces where difficult conversations can happen safely. Spaces where people can learn about abuse, understand their rights, and discover that support exists.

For many residents, the challenge is not simply accessing services. It is knowing that those services exist, believing they are for people like them, and trusting that asking for help will not make things worse.

As Shazia reflected: ***"These meetings arranged by Healthwatch Greenwich are helping people to find out who can support them to keep themselves safe."***

Sarah's Story: "I had to cancel my operation because I didn't know who would care for my child"

Sarah is a single parent caring for her child, who has learning disabilities and needs a high level of support.

When Sarah was told she needed an operation, her first thought was not about her own health. It was about her child. Who would look after him while she was in hospital? Who would support him while she recovered?

The answer came not from a council service, but from another parent. ***"It was another parent who told me about Carer's Assessments and Care Needs Assessments. I didn't know this support existed."***

Until that conversation, Sarah did not know she might be entitled to support as a carer, or that assessments could help identify what support her child might need.

Sarah had a social worker. ***"I was previously allocated a social worker, but the resource allocation assessment was not completed, and no care package had been put in place for my child."***

As the date of her operation got closer, Sarah became increasingly anxious. She still did not know what support would be available for her child or how his care would be managed while she was in hospital. When she asked for help, she was sent information about local childminding services. ***"I was given a web link to childminding services which are not specific for children with additional needs. This increased my anxiety because I knew they wouldn't understand my child's needs."***

Without a clear plan in place, Sarah felt she had no choice. ***"I had to cancel my operation because there was no support in place for my child."***

Feeling Stuck

Sarah said she was later told that her case had been closed. ***"I was told my case had been closed even though I hadn't had the assessments needed to provide me and my child with the care and support we need."***

At the time she needed certainty, she felt she was being left to navigate a complex system alone. Sarah also felt that the reality of caring for a child with significant additional needs was not always understood. While she was directed towards general childcare services and encouraged to rely on family and friends, she did not feel these suggestions reflected the level of support her child required. ***"The Children's Social Care Team don't understand the complexities of caring for children with additional needs. General childminding services don't know how to look after these children."*** Sarah felt she was being asked to find solutions herself, despite not knowing what support was available or whether her child was entitled to additional help. At a time when she needed clear information and practical support, she felt stuck.

Our Role

Healthwatch Greenwich listened to Sarah's concerns and contacted Greenwich Children's Social Care. Following our involvement, a social worker visited Sarah and completed both a Carer's Assessment and a Care Needs Assessment for her child. Arrangements are now being made to put appropriate support in place for Sarah and her child and to enable Sarah to have her operation.

Why This Matters

Sarah's story is about more than one family. It raises questions about how families find out about support, how they navigate complex systems, and what happens when the information they need never reaches them.

In Sarah's case, she only learned about Carer's Assessments and Care Needs Assessments through a chance conversation with another parent. These assessments are often the gateway to practical help, respite and services, yet Sarah had not been told that this support may be available. Families cannot ask for support they do not know exists. Access to help should not depend on luck, personal networks, or knowing the right questions to ask.

For Sarah, this meant trying to plan for an operation without knowing who could safely care for her child while she was in hospital and recovering. This left Sarah feeling that the responsibility for finding a solution was being pushed back onto her. The support suggested to Sarah did not feel suitable. She was sent information about general childminders and encouraged to ask family and friends for help. But caring for a child with significant additional needs is not the same as arranging ordinary childcare. General childcare services may not be equipped to support children with complex needs. Family and friends may care deeply, but they may not have the time, skills, confidence or availability to provide the level of support needed.

When families do not receive clear information, timely assessments and appropriate support, the consequences can be serious. In Sarah's case, she cancelled her operation because she could not be confident that her child would be cared for safely while she was in hospital.

Provider Response

Royal Borough of Greenwich Children's Social Care

We recognise the importance of ensuring that families of disabled children and young people are aware of the support, advice and assessment pathways available to them.

Information about the support for disabled children and their parents or carers is available through the Greenwich Community Directory, which provides details of local services and support for children, young people and their families. Families can also access independent information, advice and support through Greenwich SENDIASS. In addition, we work closely with schools, health services, early help services and voluntary sector partners, who play an important role in helping families understand available support and make referrals where appropriate.

We acknowledge that navigating services can sometimes feel complex, particularly for families caring for children and young people with additional needs. Access to support should not depend on families discovering services by chance, and we will continue to work with partners to improve awareness of the information, advice and support available to carers and families of disabled children.

We also welcome the role that Healthwatch Greenwich, SENDIASS, parent networks and other advocacy organisations play in helping residents understand available services, raise concerns and access appropriate advice and support.

Assessments are an important mechanism for understanding individual needs and determining what support may be appropriate. While we can't comment on individual circumstances, Children's Services remains committed to working collaboratively with families and partner agencies to ensure children, young people and carers receive proportionate and timely support based on their individual circumstances and will continue to review opportunities to strengthen this work.

We welcome feedback from residents and partners as part of our ongoing commitment to improving services and ensuring families know where to go for information, advice and support.

Next Steps

We will continue to follow up on the issues raised through this report and work with commissioners, providers, and partners to ensure that residents' experiences inform service improvement. We will also continue to engage with communities to better understand how services are experienced and where there are opportunities to strengthen access, communication, and trust.

Contact Us

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